

the **KSHA** *Communicator*
 a publication of the
 Kentucky Speech-Language-Hearing Association



In This Issue

President's Message	2
Creative Therapy Materials	3
KSHA Awards	4
APPsolutely Fantastic Speech-Language Apps	4
FEES: Training for the SLP	5
AuD Thomas	6
A Time of Transition	7

KSHA Office

838 East High Street
 Suite 263
 Lexington, KY 40502
 T: 1.800.837.2446
 F: 1.888.729.3489
 kshaoffice@ksha.info

www.ksha.info



Growing Together as Parents and Therapists

Sarah Vetter and Micajah Christie

Parents of Henry, 9 and John Riley, 5

When your child is born, their only way of communicating with you is a plaintive cry. You soon learn to find meaning in their cries: this one means hungry; that one says change me. There is also the expectation that all of this is temporary. It will get easier, especially when the child learns how to talk. But what if he doesn't? What if he is missing milestones? What do you do when you suspect something is wrong? How do you know when to seek professional help? For first-time parents who had little experience with infants and toddlers, these questions were even more difficult to answer.

We first suspected that our son had a speech delay when we wound up answering "no" to a lot of the questions at the pediatrician's office. No, he doesn't say that. He doesn't say nearly that many words. It never seemed to cause the doctor great concern, but we always felt off. We started noticing things that other toddlers were doing and saying that ours wasn't. When he was around 20 months old, a friend who had worked with First Steps as an interpreter suggested we have our son evaluated, saying he probably is fine, but it will alleviate your fears to hear that.

Just going through that initial evaluation was such an eye opening experience.

Seeing and hearing specific skills he should have acquired by that point was not something that upset us or frustrated us, but in fact gave us direction as to how we should push him to communicate and how we should engage in play with him. It was as if someone had given us a toolkit to help him. We were setting goals and making progress toward them.

He entered preschool just after his third birthday and was diagnosed with autism not long after. In school his new speech therapist became not just someone who worked on his language skills, but an advocate for his entire education. She worked with him both individually and in his classroom. She was teaching us strategies. She sought out opportunities for him outside of the building in which we could enroll him. At its best, this is what a speech therapist is for a parent. They are an educator who can not only make strides towards accomplishing the child's goals during therapy, but also a team member who can give caregivers the skills to carry on that work in the home.

Now at age nine, our son still doesn't use a great deal of spoken language. He can make his wishes known, and – when pressed – can say many things. His

Continued pg. 3



President's Message

Sometimes our light goes out but is blown into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light. – Albert Schweitzer

Tammy Cranfill, PhD, CCC-SLP
KSHA President

The Annual Convention has come and gone. It is there that I always come away with my flame rekindled. We have many within our membership with expertise. We have, once again, a Kentuckian (Dr. Judy Page) serving as ASHA President. We have, once again, a DiCarlo winner (Dr. Jane Kleinert). Greater than 70% of the presenters were from Kentucky, demonstrating that we have much to offer each other and our clients. When (if) you doubt your abilities and resources, look to your KSHA colleagues for guidance, support and reinforcement.

As president this year, I have been continually impressed by your Executive Council members. Each offers unique perspectives and knowledge to the position served. In November, Tim Ball (Past-President) and I represented the Association at the Council of State Speech-Language-Hearing Association Presidents (CSAP) in Orlando. CSAP meets the day prior to the start of ASHA. Its vision is to be "the premier organization where state leaders meet to cultivate a unique culture of growth and knowledge through collaborative efforts." It allows professional associations across the country to engage in discussions with each other and with ASHA leadership. I was fortunate to be asked to participate in a five member panel discussing the use of a management company with state organizations. We learn best from each other. More importantly, Tim Ball was elected as President-Elect of CSAP and will serve as President in 2016! Our bid to host the Spring 2017 Conference was unsuccessful, but we will try again!

The Certificate of Need (CON) issue is still on the table. As noted in an email blast, practitioners working as independent providers (alone,

essentially) are not required to have a CON. Those working with other disciplines who are also partners in the business and/or providing service within their scope of practice, do not require a CON. Any other scenario requires a CON. The Cabinet will not move forward on this issue until after the General Assembly. However, it has been clearly communicated that there is an expectation for service providers to go through the CON process, if

When (if) you doubt your abilities and resources, look to your KSHA colleagues for guidance, support, and reinforcement.

appropriate. Renee Kinder, VP of Healthcare, and Renea Sageser, STAR, have been actively working to assure accurate information on this topic as well as representing the Association in Frankfort at appropriate events.

Efforts are underway to develop ongoing direct conversations with the Kentucky Department of Education. Our goal is to have quarterly meetings. We want to be the first at the table when school service provision concerns arise. Tristan Parsons is our contact person now (tristan.parsons@education.ky.gov) and has enthusiastically indicated his desire to be responsive and collaborative in assuring quality speech-language pathology and audiology services for P-12 students in Kentucky. Concerns with regard to the appropriateness

of the Other Professional Growth and Effectiveness System (OPGES) as well as the Response to Intervention document require our attention.

Our Tri-Alliance Day in Frankfort was snowed out. Developing communication and collaborations with our rehabilitation partners is a must in today's market and we will continue to work with them to provide relative information to our legislators. Thank you to Kellie Ellis for her efforts in coordinating legislative events with the universities and for KSHA.

The Coffee Chat held in October was the beginnings of efforts to inform and touch base with membership beyond Convention. The Executive Council will be available again in May or early June for you to meet and discuss concerns, aspirations, ideas and needs relevant to KSHA and our role in Kentucky. Be watching for announcements about dates and locations.

So, we are talented, experts and busy. That being said, I was a bit disappointed that we did not have a recipient for a Clinical Achievement Award this year. Please plan NOW to nominate individuals demonstrating significant contributions to advancing knowledge in clinical practice within the past six years. I am confident we have another DiCarlo winner out there! "Each of us owes deepest thanks to those who have rekindled this (our) light."



Growing Together as Parents and Therapists

Continued from pg. 1

communication may always be limited. Because of this, his current speech therapist has begun working with him on using adaptive devices to communicate. He has used Proloquo2Go in school to tell stories and make choices. We are in the process of getting this application for use at home – something we would have never known about but for a speech therapist. He also has a five-year-old

brother who is on the autism spectrum. Speech therapy and communication is something that has been a valuable tool in our children's lives for so long it is hard to remember parenting before it.

Throughout it all, our sons' speech pathologists have helped us to navigate the challenging course we have been given. They have been creative problem solvers. They have celebrated

achievements with us, cried with us and – above all – believed in and cared for our children. As our boys continue in school and into adulthood, we can only hope these powerful and positive experiences continue. Our children, like all humans, deserve to have their voices heard. It is your profession that makes that possible for many and for that we thank you.

Making the Most of Your Creative Therapy Materials: Words from the Wise

Amanda McKinney, MS, CCC-SLP

Grayson County Public Schools

My name is Amanda McKinney and I am the co-owner of the Teachers Pay Teachers (TpT) store, Word to the Wise. My sister, Sara Robbins, a graphic designer, is my business partner. We started our Teachers Pay Teachers store in December 2012. I had started working at a new job, which included a middle school population, in August 2012. I quickly realized there were not many materials available for this age group and with all of the publicity of TpT on speech therapy blogs, I decided this would be a perfect opportunity for me to branch out and try something new. As I began to set my plan into motion I decided to ask my sister if she would want to join me in this new adventure and design the graphics for the products. After doing some research and asking a lot of questions she finally agreed. Then began many late night planning, editing and researching sessions.

I know many speech therapists create their own materials and may be thinking about starting their own Teachers Pay Teachers store to share their materials with other speech therapists. The following are some tips we have learned along the way that may help if you decide you want to start a store of your own. First, look at other sellers on TpT to determine what products are already available. You want to be respectful of

your peers and not duplicate their ideas. It is also important to determine a style/product that will set you apart from other sellers. For example, our graphics are unique, as they are designed by my sister. We also have many products for Tier 2 vocabulary word work, which is not something that is readily available on Teachers Pay Teachers. Another useful piece of information is to learn about copyright laws for products that can be created (i.e., you cannot create any products related to Dr. Seuss or Disney characters) and about the copyright laws of using the graphics you purchase. It is also important to post new free items to your TpT store so customers can see the style of your products. If people like your free items they will probably return as paying customers.

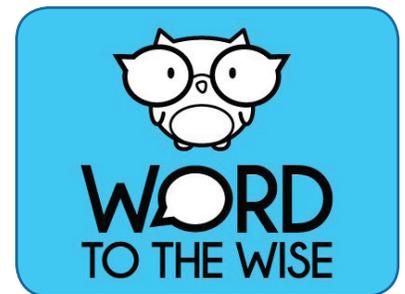
What is it like to actually create a product? First, you must decide on a topic for the product. Then, if needed, conduct research to gain the needed information for the product. After I have gathered all of the data I type the information in a similar format to what the final product will look like, type directions for how the activity is to be used and determine what Common Core standards the product aligns to. After that, I send all of this information to my

sister who creates the final layout and graphics for the product. When she is finished, she sends the product back to me and I read it three to four times to check for errors. The last step is to post the product to Teachers Pay Teachers and wait for the customers to find your new product!

We use Facebook as our advertising source. We try to post around holidays any correlating products we have to offer and we also do giveaways for our Facebook followers to show them how much we appreciate their support. Through Facebook we also connect with other speech therapists who are Teachers Pay Teachers sellers and bloggers. This is a good resource as they will help you edit your products, give you feedback about how to improve your products and share information about your store.

My sister and I have thoroughly enjoyed our time as Teachers Pay Teachers sellers and cannot wait to see what the future holds!

Visit Amanda and Sarah's TpT website at <https://www.teacherspayteachers.com/Store/Word-To-The-Wise> and Like on Facebook by searching Word to the Wise.



KSHA Awards

Tammy Cranfill, PhD, CCC-SLP
KSHA President

Johanna B. Hancock Award

Janice Smith, MS, CCC-SLP

Certificates of Appreciation

Scottish Rite Foundation under the leadership of Dr. Carl Metz

Dr. Christopher Michael King

Elizabeth Ulanowski, PT, DPT, NCS

Representative Kelly Flood

Representative Leslie Combs

Steckol Award

Angel Dyke, University of Louisville

Stanley Award

Elizabeth Ebelhar, Western Kentucky University

KSHA Honors
& Awards

2015 Honors of the Association – Timothy Ball, MA, CCC-SLP



Honors of the Association is awarded this year to someone who has been a late-bloomer with regard to direct KSHA involvement.

But when he bloomed, he bloomed big. He said “yes” to be President of the Association, committing to the three years before he really understood what it required. During his service as President, he championed Response to Intervention by being part of the state development team. While working fulltime in the schools, he was still able to create a committee of statewide educators and SLPs to review needs for SLPs in Kentucky schools for guidance with Rtl. He also advocated for more appropriate evaluation using the OPGES by serving on the Steering Committee. His involvement not only represented the Association but has resulted in what will be long-term benefit to all Kentucky school practitioners. Those of us who have worked in the school setting know that it is not uncommon for us to lament about what “should” happen or how administrative decisions do not consider how we “fit in.” We talk, but few of us take true action. Tim Ball is the exception. He put forth the selfless effort to get the OPGES in place for all of us. He put forth the effort (and continues to do so) to get Rtl moving

toward a usable model inclusive of SLPs without misusing our expertise.

Tim is the first to admit that he really did not know what he said “yes” to when he accepted the nomination for President-Elect of KSHA. He had served on committees, but had not been on Executive Council. Green was more than a color. Regardless, he grew into the position under outstanding mentorship and has taken to leadership like a duck to water. Those who know Tim, know his leadership is not flamboyant or self-promoting. Rather, he promotes the profession—persistently and passionately. His growth as President of KSHA lead him to run for President-Elect of the Council of State Speech-Language-Hearing Association Presidents (CSAP). He was elected this year and will serve as President of that group in 2016 – another coup for Kentucky.

It is my pleasure to award the Honors of the Association to Mr. Tim Ball.

Tim has spent 18 of his 22 years working in public schools. He currently works with elementary students and also does private practice through First Steps. He served as adjunct faculty at Morehead State University and currently at Eastern Kentucky University. He has offered multiple presentations at KSHA Conferences and at CEC, using his expertise as a certified Assistive Technology Practitioner.

APPsolutely Fantastic Speech-Language Apps

According to USA Today (2013) nearly 300 apps are created every day, which totals nearly 16,000 every year. Here are some apps you may want to add to your ‘therapy bag.’



ChatterPix is an app used to make anything talk and it’s free! Take a picture, draw a line to make a mouth and record your voice. This app can be used to make self-modeling pictures of clients using a variety of words, phrases or sentences.



iRecognize is a free iPad app to help clients of any age recognize faces, places or

things. It comes with three full practice exercises and allows you to fully customize activities using pictures from the app library or your own library. It also tracks progress for each exercise.



My PlayHome is an interactive doll house where clients can make something to eat, go outside, take a bath and play in the bedroom. For only \$3.99 users have access to four rooms and a playground to teach following directions, sequencing events, activities of daily living and basic concepts.



SmallTalk Oral Motor exercises is perfect for clients with weak or uncoordinated oral motor movements. The app contains videos demonstrating lip, jaw, palate, tongue and cheek exercises with specific instructions for accurate completion. SmallTalk features other free apps to target aphasia and dysphagia.



Petralex Hearing Aid is an amplification app providing a full acoustic gain of up to 30dB with a standard headset. Users complete a quick hearing test based on their current environment and the app amplifies sounds based on the test results.

Fiberoptic Endoscopic Evaluation of Swallowing: Training for the SLP

Casey Campbell, MS, CCC-SLP, Endoscopist

Applegate & Associates, LLC



Fiberoptic Endoscopic Evaluation of Swallowing (FEES) was developed by Dr. Susan Langmore in 1988 and has become a globally recognized diagnostic assessment of the oropharyngeal swallow. It is effective for detecting dysphagia and associated conditions affecting swallow function such as gastroesophageal reflux disease and laryngopharyngeal reflux disease.

As an endoscopist for Applegate & Associates, LLC, a Tri-State FEES company for Kentucky, Indiana and Ohio, I have been providing diagnostic dysphagia assessments for Kentucky and Indiana since 2007. Since that time, many therapists, nurses, doctors and patients have asked: Can all speech-language pathologists perform these exams? How did you get trained? Do you have to be certified?

Technically, there is not a "certification" for FEES but suggestions can be found online through ASHA's Policy Documents. ASHA does not state a specific number of hours or coursework, but suggests training should include coursework, observation, hands-on training with endoscope and direct and indirect supervision of FEES exams with a privileged endoscopist (ASHA, 2002). Generally accepted practices for FEES training include:

- 1) Competency in dysphagia evaluation and management
- 2) Ten to 14 hours of coursework on endoscopic skills and FEES
- 3) Observe 10-20 FEES procedures with patients

4) Ten or more successful scope passes on "normals" (individuals without dysphagia)

5) Perform 25-50 FEES under direct supervision of SLP or ENT privileged in FEES.

Competency in dysphagia evaluation and management.

This step is very subjective but highly essential in determining when the SLP may be considered "independent" with FEES by the privileged endoscopist overseeing the training. I worked at a skilled nursing facility for two years prior to FEES training. I frequently used Applegate & Associates' services to perform FEES on my patients to help assess the patient's swallow, get a baseline, make recommendations on diets and set goals for treatment. During these two years, I developed competency in completing dysphagia evaluations and creating treatment plans. By observing these FEES procedures I also met the requirements outlined in Step 3. An individual without a dysphagia background may require a longer "training" process.

Ten to 14 hours of coursework on endoscopic skills and FEES.

My supervisor arranged a three day training course with a privileged SLP and covered various topics including anatomy and physiology, the use of FEES with dysphagia, how to handle the endoscope, cleaning procedures, abnormalities observed on FEES, when to refer to GI, ENT, etc., and how to interpret the results of the FEES exam. Dr. Langmore, FEES developer, offers courses each year for those looking to become a privileged endoscopist.

Observe 10-20 FEES procedures with patients.

As previously mentioned, I observed far more than the minimum when requesting FEES examinations for my SNF patients. However, some SLPs may not have this opportunity readily available in their setting.

Ten or more successful scope passes on "normal."

I completed this during my training course. We scoped family members, friends and co-workers to get an overall feel of the scope, gain competency in identifying anatomy, and be able to see what a "normal" swallow looks like on a FEES.

Perform 25-50 FEES examinations under direct supervision.

After my training course, I completed 25+ FEES under my direct supervisor and a co-worker. When I began "on my own," I regularly consulted with them as a means of indirect supervision. My training to complete the above five steps, as well as feeling comfortable performing the FEES examinations on my own, required approximately four months.

FEES examinations are a valuable diagnostic tool for the SLP working in the medical field to assess swallow function and provide education/instruction to patients, staff and family members. For SLPs that are contemplating becoming a privileged endoscopist keep in mind there is no rush with training and ASHA guidelines should be a minimum requirement. It is imperative to stay as current as possible on dysphagia and surrounding topics by reading journal articles and the latest research (including, but not limited to, publications from ASHA and the Dysphagia Research Society), and continuing with follow up courses even outside of the SLP realm such as ENT and GI courses. In the thousands of FEES examinations I have completed during the past four years, I still come across things that are new and surprising!

For further questions or information, please contact Cindy Applegate cynthiaapplegate@gmail.com.

American Speech-Language-Hearing Association. (2002). *Knowledge and skills for speech-language pathologists performing endoscopic assessment of swallowing functions* [Knowledge and Skills]. Available from www.asha.org/policy.

AuD Thomas

AuD Thomas,

First, I would like to say I really enjoyed your article in the last Communicator. I wanted to know if you could provide information about wearing hearing protection when musicians practice. I play in a local bluegrass band and have trouble convincing my fellow bandmates of the importance of protecting their hearing. Also, what resources are available to help spread healthy hearing awareness to band directors, music teachers and musicians?

– Mandolin Pickin' SLP

MP SLP,

I am elated to hear you enjoyed my first attempt as a columnist. I am quite accustomed to penning lengthy research papers to submit for publication, but this is much different. I was astounded to receive two possible questions to answer for this edition of the *KSHA Communicator*. I selected your inquiry as I felt it correlated nicely with my debut piece addressing the use of ear buds in children and adolescents. I will continue with the musical theme.

The audio amplifier was invented in 1909 by Lee De Forest followed by the creation of the electric guitar by George Beauchamp in 1931. Amplification for the general population became widely available during the 1950s. The impact on the hearing mechanism quickly became nationally apparent in the August 1968 issue of *TIME* magazine:

"The young are not listening to their elders, and perhaps they never have. But now it develops that with many of them, the reason may be medical. The young aren't listening because they can't hear. Just as nagging parents have long suspected, otologists now report that youngsters are going deaf as a result of blasting their eardrums with electronically amplified rock 'n' roll." (para. 1)

According to the National Institute on

Deafness and Other Communication Disorders (NIDCD, 2014), an estimated 26 million Americans between the ages of 20 and 69 suffer from some type of hearing loss likely caused by occupational environments or recreational activities. These teenagers mentioned by *TIME* magazine may still be enjoying their music as now 60 year old instrumentalists in bluegrass bands! Bluegrass may not seem as intense as rock and roll but it depends on how hard and how long your bandmates are picking their instruments. Sounds registering 85 decibels over a long period of time can be as injurious as one sound registering 120 decibels (Centers for Disease Control, 2013); live concerts generate sound levels averaging 115 decibels (American Hearing Research Foundation, 2012).



Amplified sounds mangle the precious sensory hair cells of the inner ear. While it is interesting to note that hair cells in amphibians and avifauna (otherwise known as birds) can regenerate after damage, the hair cells in *Homo sapiens* do not. Various studies indicate over 50% of musicians suffer from hearing difficulties (Chasin, 2012). Noise-induced hearing loss (NIHL) is 100% preventable if the proper precautions are in place. Your bandmates can reduce the likelihood of NIHL by closely monitoring the sound level when using amplification, wearing ear protection (headphones, ear plugs) and picking for approximately 90 minutes per musical session.

Dr. Marshall Chasin (2010), audiologist and Director of Auditory Research at the Musicians' Clinics of Canada, developed *Hear the Music*, a comprehensive text

addressing hearing loss prevention for musicians. I highly recommend this book as he discusses various types of ear plugs, positioning of specific instruments and amplification options. It is an excellent reference for band directors, music teachers and musicians.

Education is the most powerful way to raise awareness for hearing safety. Famous musicians including Phil Collins, will.i.am, Eric Clapton and Ozzy Osbourne have publicly discussed issues with hearing loss. Have you ever watched The Osbournes? Me neither but I've read that Ozzy can't hear anything. Refer individuals involved with the music world to the American Speech-Language-Hearing Association's campaign Listen to Your Buds. The website provides lesson plans, classroom activities and warning signs of hearing loss for both educators and parents: <http://www.asha.org/buds/>. In the adult population it is our duty as AUDs and SLPs to prevent further hearing loss through education and advocating for hearing protection. Without it, those inner ear hair cells may be hair today but gone tomorrow (insert smirking emoji).

American Academy of Otolaryngology. (2014). Noise-induced hearing loss in children.

Available from <http://www.entnet.org/content/noise-induced-hearing-loss-children>

American Hearing Research Foundation. (2012). Noise-induced hearing loss. Available from <http://american-hearing.org/disorders/noise-induced-hearing-loss/>

Author. (1968). Going deaf from rock 'n' roll. *Time*, 92, 6.

Centers for Disease Control. (2013). Adolescent and school health: Noise-induced hearing loss. Available from <http://www.cdc.gov/healthyouth/noise/signs.htm>

Chasin, M. (2010). *Hear the music: Hearing loss prevention for musicians* (4th ed). Canada.

National Institute on Deafness and Other Communication Disorders. (2014). Noise-induced hearing loss. Available from <http://www.nidcd.nih.gov/health/hearing/pages/noise.aspx>

Do you want to ask AuDThomas a question? Submit it to write4ksha@gmail.com with the subject "AuD Thomas."

A Time of Transition

Kelly A. Kleinhans, PhD, Academic Director
Center for Communication Disorders, Murray State University

Chapter 3 in the Biblical book of Ecclesiastes characterizes experiences unique to the human condition as seasons that occur over the life span. While culture has flavored this message in the form of poems, songs and text, the basic tenet that life inevitably involves change remains constant. Human development theory often refers to these seasons as phases or stages of the life cycle or even developmental trajectories. Equally important as the season is the transition.

In educational settings seasons are defined by beginning of term, midterm and end of term. The hallmark of the spring term is commencement and it is fast approaching as graduate students begin the transition from college to career. Standards for academic accreditation and certification ensure university programs prepare students with the necessary knowledge and skills to be competent entry level speech-language pathologists and audiologists. Yet there are skills that extend beyond the standards that students must develop to ensure a successful transition to the workforce.

Unlike the clearly outlined knowledge and skills that comprise the certification standards, professional behaviors required in the work environment tend to be of the covert nature. There are no policy

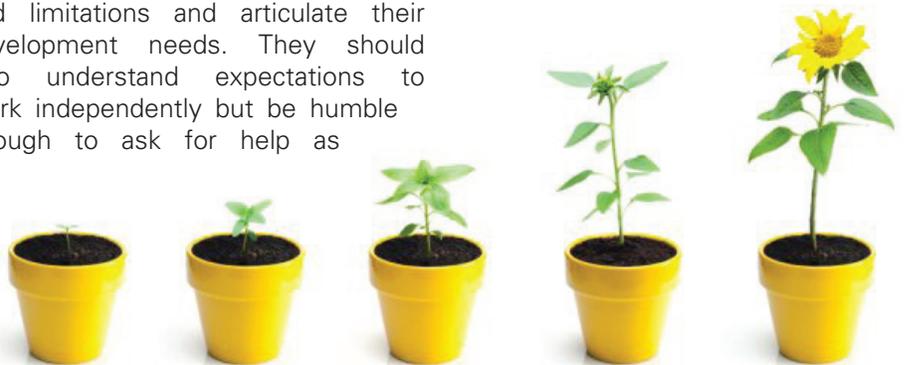
and procedure manuals for teamwork, interpersonal communication and group politics. Universities typically target these pre-professional behaviors by infusing these unwritten rules of conduct into the cultural expectations for performance in the program. They may also create leadership opportunities or the ideal scenario provides a myriad of mentored experiences. Regardless of method, there is an implicit understanding that when a student presents with the appropriate dispositions, these skills can be developed.

New graduates should be encouraged to set career goals both short term and long term. They need to be aware when seeking employment they are entering a new culture and when interviewing ask questions about the culture of that work environment. Conversely, the graduate should be honest with potential employers about their abilities and limitations and articulate their development needs. They should also understand expectations to work independently but be humble enough to ask for help as

necessary in order to maintain productivity.

As the new cohort of clinical fellows enter the professional workforce, please recognize some individuals may need support as they transition social roles, from student to professional. They may benefit from your experiences, successes and failures, as they learn to navigate their new work environment. Have you ever considered how your career has unfolded? Did you have a plan, or were you blessed with lucky circumstances? Was there an individual who set you up for success? A new season is on the horizon, the clinical fellows are coming, consider coaching one of these new grads in the unwritten ways of the work environment.

Kelly also serves as KSHA's Vice President of Higher Education.



Find Us Online



Connect With KSHA

Visit the KSHA website, www.ksha.info, and make sure your KSHA membership is up-to-date. Log on to the Member Center of the website, enter your Last Name and your Member Number. Once logged in, you are able to edit your membership information, such as mailing address, email address, professional information and more.

The Member Center also gives you access to renew your membership, register for an event at the member discounted rate, search for a member, access member-only resources and print your membership card.

Be sure to check out the **Full-Color KSHA Communicator** online at www.ksha.info.

Follow KSHA on Twitter at <https://twitter.com/kyspeech> and Facebook at <https://www.facebook.com/KYSPEECH>.





the **KSHA** *Communicator*
a publication of the
Kentucky Speech-Language-Hearing Association

Presorted
Standard
U.S. Postage
PAID
Pittsburgh, PA
Permit #2191

838 East High Street
Suite 263
Lexington, KY 40502

Upcoming Events

May 2015

Summer *Communicator*

Deadline

May 1, 2015

August 2015

Call for Papers

Deadline

August 15, 2015

December 2015

Membership Renewals

Deadline

December 31, 2015

February 2016

KSHA Convention

Lexington, KY

February 17-20, 2016



The *KSHA Communicator* would love to hear from you!

Tell us what you think about our new style.

Tell us what you want to READ about in the upcoming issues.

If you have or are currently working as an audiologist or speech-language pathologist in a medical setting, we would love for you to tell us what we should write. ... Or better yet, go ahead and write about your story, your favorite new clinical strategy or your amazing mentor!

Send your feedback, ideas, suggestions for improvement and articles to write4ksha@gmail.com today!